



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE (916)
McCormick	Ellen	Briana	457-3703
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
2206 24th Street	Sacramento	CA	95818
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE (302)
AstraZeneca Pharmaceuticals LP			886-3000
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
PO Box 15438	Wilmington	DE	19850-5438

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE (302)		
AstraZeneca Pharmaceuticals LP	886-3000		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
PO Box 15438	Wilmington	DE	19850-5438
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE (916)		
Ellen McCormick	457-3703		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
2206 24th St.	Sacramento	CA	95818

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

01/24/03
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
Ann Booth-Barbairn	Assistant Secretary		
NAME OF ORGANIZATION (if applicable)	TELEPHONE		
AstraZeneca Pharmaceuticals LP	(302) 886-3000		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1800 Concord Pike	Wilmington	Delaware	19850
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
			1/29/03 (Date)
(Signature of Authorizing Officer or Person Represented)			